PURCHASE ORDER ACCOUNTS PAYABLE VOUCHER

			No	
	SCHOOL EXTRA-CU	JRRICULAR ACCOU	ГИ	
PAID BY CHECK: No	Date	DATE		
Purchased From Address				
Purchased For Deliver To Send Invoice Tc				
TO THE DISBURS	ING OFFICER:			
The following	g expense is proposed, payable from th	e		Fund
An invoice or whom, rates per da	bill to be properly itemized must showing, number of hours, rate per hour, num	: kınd ot service, where pert iber of units, price per unit, e	ormed, dates servetc.	vice rendered, by
Quantity	Description	Unit	Price	Total
		Total This Orde	el .	
Signed:Per	son Authorized to Purchase	I nereby certify that there applicable fund sufficient Date:	to pay the above	
			Treasurer	

Date: ___

Signed: Signature

PURCHASE ORDER ACCOUNTS PAYABLE VOUCHER

	iving Copy)		
(Nece)	iving Copy)	No	
SCHOOL EXTRA-C	URRICULAR ACCOUN	T	
PAID BY CHECK: No Date	DATE		
Purchased From Address			
Purchased For Deliver To Send Invoice To			
TO THE DISBURSING OFFICER:			
The following expense is proposed, payable from the	ne		Fund
No payment is to be made for this order until the SA	A-1 Form is properly filed and	I the items have	been received.
An invoice or bill to be properly itemized must show whom, rates per day, number of hours, rate per hour, num			rvice rendered, by
Quantity Description	Unit	Price	Total
	Total This Orde	I	
Signed: Person Authorized to Purchase I hereby certify that the attached invoice(s), or bill(s), is (are) true and correct and that the materials or services itemized thereon for which charge is made were ordered and received except	I hereby certify that there applicable fund sufficient Date:	to pay the above	

PURCHASE ORDER ACCOUNTS PAYABLE VOUCHER

(File Copy)

SCHOOL EXTRA-CURRICULAR ACCOUNT

OFFICER:					
ense is proposed, payable from the	e			Fund	
e made for this order until the SA	-1 Form is p	roperly filed and	the items have b	een received.	
				rice rendered, by	
Description		Unit	Price	Total	
	,				
		Total This Order			
uthorized to Purchase	I hereby certify that there is an unobligated balance in the applicable fund sufficient to pay the above order Date:,				
attached invoice(s), or bill(s), is d that the materials or services which charge is made were cept	true and	certify that the atta correct and I ha	ached invoice(s)		
	Date: _		,		
Signature		Tı	reasurer		
	DFFICER: ense is proposed, payable from the seemade for this order until the SA be properly itemized must show: mber of hours, rate per hour, number of hours, rate per hour, number of hours and the second	DFFICER: ense is proposed, payable from the be made for this order until the SA-1 Form is proposed in the properly itemized must show: kind of sembler of hours, rate per hour, number of units, Description I hereby applicable Date: attached invoice(s), or bill(s), is different the materials or services which charge is made were cept I hereby applicable Date:	remade for this order until the SA-1 Form is properly filed and to be properly itemized must show: kind of service, where performber of hours, rate per hour, number of units, price per unit, et and the property of the property itemized must show: kind of service, where perform the property itemized must show: kind of service, where perform the property itemized must show: kind of service, where perform the property itemized must show: kind of service, where perform the property itemized must show: kind of service, where perform the property itemized must show: kind of service, where perform the property itemized must show: kind of service, where perform the property itemized must show: kind of service, where perform the property itemized must show: kind of service, where perform the property itemized must show: kind of service, where perform the property itemized must show: kind of service, where perform the property itemized must show: kind of service, where perform the property itemized must show: kind of service, where perform the property itemized must show: kind of service, where perform the property itemized must show: kind of service, where perform the property itemized must show: kind of service, where perform the property itemized must show: kind of service, where perform the property itemized must show: kind of service, where perform the property itemized must show: kind of service, where perform the property itemized must show: kind of service, where perform the property itemized must show: kind of service, where perform the property itemized must show: kind of service, where perform the property itemized must show: kind of service, where perform the property itemized must show the prop	DEFICER: In the made for this order until the SA-1 Form is properly filed and the items have be the properly itemized must show: kind of service, where performed, dates service of hours, rate per hour, number of units, price per unit, etc. Description Total This Order I hereby certify that there is an unobligate applicable fund sufficient to pay the above Date:	

Prescribed Form SA 2 (Rev 1970)

CHECK

	HRS WORKED	GROSS PAY	FEDERAL WITH.TAX	SOCIAL SECURITY	STATE WITH.TAX	INSURANCE				PERIOD ENDING	EMPLOYEE DETACH BEFORE CASHING	
PF	PRESCRIBED BY STATE BOARD OF ACCOUNTS									FORM No. SA-2 (Rev. 1970)		
	SCHOOL EXTRA-CURRICULAR ACCOUNT(NAME OF SCHOOL)									No		
Fund						,						
Invoice No Payable at (Bank)		order of						Dollars				
Superintendent or Principal Trea								Treasu	irer			
	SPACE FOR M.I.C.R.											

ORIGINAL

HRS WORKED	GROSS PAY	FEDERAL WITH.TAX	SOCIAL SECURITY	STATE WITH.TAX	INSURANCE				PERIOD ENDING	EMPLOYEE DETACH BEFORE CASHING	
RESCRIBED	BY STAT	E BOARD OF	ACCOUNTS						FORM No.	SA-2 (Rev. 1970)	
					EXTRA-CURI E OF SCHOOL		COUNT		No		
P.O. No Pa			Pay to the order of						\$		
Payable at (Bank)									Dollars		
					NON - NEG	OTIABLE					
					SPACE FOR	R M.I.C.R.					

DUPLICATE

RECEIPT SCHOOL EXTRA-CURRICULAR ACCOUNT

-			;	SCHOOL	Nie		
		, IN			No. _.		
				Payment Ty	pe and Amount Credit Card/	Ī	
		Cash Amount	Check/Draft Amount	MO Amount	Bank Card Amount	EFT Amount	Other
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RECEIVED FROM			$\overline{}$	^	\$		
THE SUM OF					D	OLLARS	
FOR DEPOSIT TO THE CREDIT OF			1		F	UND	
SOURCE		KAçtiki	iy)				
				TREA	SURER		
		ORIGINAL					
Prescribed by State Board of Accounts					Form No	o. SA-3 (Rev	rised 1997)
	SCHOOL EXTR	RECEIPT RA-CURRIC		TNUC			
_			;	SCHOOL			
		, IN			No		
					pe and Amount		
		Cash Amount	Check/Draft Amount	MU Amount	Credit Card/ Bank Card Amount	EF I Amount	Other
RECEIVED FROM			$\overline{}$	\	\$		
THE SUM OF		$\overline{\langle \alpha \rangle}$			D	OLLARS	
FOR DEPOSIT TO THE CREDIT OF		A A A Six ii	<u> </u>		F	UND	
SOURCE		Metivi	·y <i>)</i>				
		<i></i>		TDE *	OLIDED		
	DV			IREA	SURER		

DUPLICATE

TICKET SALES

SCHOOL ———						
GAME —————OTHER———			DATE			
OTHER———			ACTIVITY—			
				-		
	TICKE	ETS				
					TOTAL	
KIND	ISSUED	RETURNED	TICKETS	PRICE	AMOUNT	
	SERIAL NO. AM	T. SERIAL NO. AMT.	SOLD		SALES	
		7				
		/ / / / / / / / / / / / / / / / / / /				
	TOTAL					
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Made by	(Title)	Verifie	d and Approve		Official or Sponso	<u></u>
	(Title)			(C	iliciai di Sporiso	1)
		ORIGINA	۸L			
(Form SA-4) Prescribed b	ov State Board of Accou	unts			No	
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		TICKET SA	ALES			
SCHOOL ————— GAME——————			TOWN OR C	CITY		
GAME————— OTHER————			DATE			
OTHER———			ACTIVIT E			
	TICKE	ETS				
					TOTAL	
KIND	ISSUED	RETURNED	TICKETS	PRICE	AMOUNT	
	SERIAL NO. AM	T. SERIAL NO. AMT.	SOLD		SALES	
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	TOTAL				† †	
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Made by		Verifie	d and Approve	ed by		
	(Title)			(C	official or Sponso	r)

DUPLICATE

FINANCIAL REPORT SCHOOL EXTRA-CURRICULAR ACCOUNT

School
SCHEDULE OF BALANCES
RECEIPTS AND EXPENDITURES OF
SCHOOL EXTRA-CURRICULAR ACCOUNT

From _			,	
Tο				

		·	-(r-	·	
NAME OF FUND	BALANCE BEGINNING OF PERIOD 1	RECEIPTS DURING PERIOD 2	EXPENDITURES 3	BALANCE END OF PERIOD 4	
	\$	\$	\$	\$	
		,			
		1	-	-	
		 			
		1 +			
		1			
		1			
TOTAL ALL FUNDS	\$	\$	\$	\$	

CASH RECONCILEMENT

LOCATION	
DEPOSITORY BALANCE	\$
CASH ON HAND (ADD)	
TOTAL CASH ON HAND AND IN DEPOSITORY	\$
TOTAL OF OUTSTANDING CHECKS (DEDUCT)	\$
BALANCE	

OUTSTANDING CHECKS

DATE NUMBER AMOUNT DATE NUMBER AMOUNT

\$ BROUGHT FORWARD \$

CARRIED FORWARD \$

TOTAL \$

DETAIL OF RECEIPTS AND EXPENDITURES BY FUNDS

	FUND	
DECEIDED		
RECEIPTS		

SOURCE OF RECEIPTS	NATURE OF RECEIPTS	AMOUNT
		\$
TOTAL RECEIPTS		\$

NOTE: TOTAL RECEIPTS MUST AGREE WITH RECEIPTS OF THIS FUND AS SHOWN IN COLUMN 2, PAGE 1.

EXPENDITURE

PURPOSE OF EXPENDITURE	AMOUNT	
	\$	
TOTAL EXPENDITURES	\$	

The bank in which all I	moneys of this account are deposited is:
	Name of Bank
	Location of Doub
	Location of Bank
Date school officially closed	,
	BOND OF SCHOOL TREASURER
Name of Surety Amount of Bond \$ Date of Expiration	
CERTIFIC	FATE OF SCHOOL TREASURER/PRINCIPAL
	, Treasurer,,
of my knowledge and belief.	School Extra-Curricular the foregoing report of the said account is true and correct to the best I further certify that copies of this report have been filed with the receive copies of said report.
	Treasurer
	Principal
COPIES TO BE FILED AS F	OLLOWS:
Township School:	1 copy to Township Trustee 1 copy to County Superintendent
School Corporation:	copy to Board of School Trustees or Board of School Commissioners copy to Superintendent of Schools

Prescribed by State Board of Accounts Form SA-6 (Rev. 1970)

SCHOOL EXTRA-CURRICULAR ACCOUNT

ELINID	
FUND	NO

	DATE	ITEM	RECEIPT OR CHECK NO.	~	RECEIPTS DEBIT	DISBURSEMENTS CREDIT	BALANCE	
1								1
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4								4
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9	———↓					┦────┤		30

Date _____, ____

Treasurer

CLAIM FOR PAYMENT

		CLAIM FOR PATIMEN	1		
				No	
	SCHOOL	. EXTRA-CURRICULAR	ACCOUNT		
PAID BY CHECK: No.	Date		DATE		
Purchased From Address Purchased For					
Delivered To Invoice Handed To					
TO THE DISBURSING	OFFICER:				
The following exp	pense is proposed, payable	from the		Fund.	
No payment is to	be made for this order until	the SA-7 Form is properly filed	and the items hav	e been received.	
	to be properly itemized mus irs, rate per hour, number of	at show: kind of service, where units, price per unit, etc.	performed, dates s	service rendered,	by whom, rates
Quantity	De	escription	Unit	Price	Total
			Total This Orde	r	\$
			_		<u> </u>
		Approved to	r Payment	Signatu	re
		or bill(s), is (are) true and corrected except			itemized thereon
Date	,	Signed:		Signature	
I hereby certify the 10-1.6.	nat the attached invoice(s), c	or bill(s), is (are) true and correc	ct and I have audite	ed same in accord	dance with IC 5-11-

Date:	SUMMARY COLL	ECTION FORM	NUMBER
			School
Deposit To:	(Fund)	Time Frame of Fundra	aiser:
Reason for Receipts: _	(Fund	draiser, Field Trip)	
Sponsor:	(Please Print Name)	, Title:	
RECEIPT DETAIL:			
CASH:			
CHECKS AND M		Detail Below)	
found to have a dischera	acv will be returned. Melase	e\face bills and roll char	the Treasurer. Any summary the when possible. The Extra- the the Collection Summary is
turned in.			
AND REP	CCURATELY ACCOUNTED PRIZED THE SAME HEREIN Representative, Name is Pr		
(A	Detail Checks/Money		
`	Number Amount Numb	<u> </u>	er Amount

<u>Number</u>	<u>A m ount</u>	<u>Number</u>	<u>A m ount</u>	Number	<u>A m ount</u>	<u>Number</u>	<u>A m ount</u>
Subtotal	\$	Subtotal	\$	Subtotal	\$	Subtotal	\$

Amount From Additional Sheets	\$
Grand Total	\$

Date:	ACCOUNTABLE ITEMS REVIEW	Number:
		School
Time Frame of Report:	DESCRIPTION	:
Beginning Inventory		
Purchases		
Subtotal		
Complimentary Distributions Per School Board Policy:		
Athletic Teams		
Staff Meetings		
Awards		
Other Total Total Eligible for Sale		
Ending Inventory Items Sold		
Sale Price	\$	
Projected Revenue (Items Sold @	Sale Price)	\$
Actual Amount Received		\$
Difference		\$
Signed:	Title:	

INVENTORY OF RENTAL TEXTBOOKS

Date	Name of School or School Corporation

NAME OF				
PUBLISHING	NAME OF TEXTBOOK OR		RETAIL	TOTAL
COMPANY	SERIES OF TEXTBOOKS	QUANTITY	PRICE	VALUE
			>	
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				c	SCHOOL		, INDIANA	7
	-				,CI 100L,		, INDICINA	Receipt 0001
_	Date			Name of Stu			Grade	
	F			Payment Ty	rpe and Amount Credit Card/			1
		Cash Amount	Check/Draft Amount	MO Amount	Bank Card Amount	EFT Amount	Other	
Quantity		Description	ı - Name - Series -	Code		Unit Price	Total Rental Fee	For Use of Issuing Officer
			Q A			1		
			7)	- LI -				
Total Received						\$	\$	

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	SCHOOL FOOD SERVICE	
School	CERTIFICATION OF MEALS PROVIDED PER HOME RULE	Date,,

												DAY	OF N	MONT	Н МЕ	EAL F	PROV	IDED)											
NAME/POSITION	1	2	3	4	5	6	7	8	9	10	11									21	22	23	24	25	26	27	28	29	30	31
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TOTAL THIS PAGE																														

I certify that the above named individuals received meals on the dates designated in accordance with written School Board Policy.

 Authorized Signature	

Form Prescribed by State Board of Accounts SCHOOL FOOD SERVICE DAILY RECORD OF CASH RECEIVED

									C	ASH R	ECEIV	ED F	OR																					FE	DERAL	
DATE		TOTAL			LUNG	CH			OTHER					BREA	KFAS	т		KIN		ST	JDENT		ADUI	LT			REPAID		EPAID				TATE	REIMBL		ENTS
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SCHOOL FOOD SERVICE DA

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SCHOOL FOOD SERVICE	
DAILY RECORD OF MEALS/MILK SERVED	School

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Date	S	Signature	

Form Prescribed by State Board of Accounts SCHOOL FOOD SERVICE CASH DISBURSEMENTS School Form SF-3 (Revised 1998)

School_

									DIS	BURSI	EMEN	ITS F	OR													
S LINE	Date	Check Number	Vendor/ Description	Food	Labor - Service Area Direction	Labor Food Prep. Dispens	! &	Ed Purd	quip chase	E Re	quip epairs			lisc/ ther	Description of Misc/Other Expense	TO ⁻ DISBU	ΓAL IRSED		REPAID FOOD TRUST		AVAILA CAS BALA	SH	В	ALAN	CE	S LINE
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Form Prescribed by State Board of Accounts

SCHOOL FOOD SERVICE
LEDGER OF RECEIPTS, DISBURSEMENTS AND BALANCE
School ______

School Form SF-4 (Revised 1998)

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SCHOOL FOOD SERVICE TICKET CONTROL

	Type of Ticket		
School		School Year	

School	Date	Signature

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AOOL FOOD SERVICE		

SCHOOL FOOD SERVICE EQUIPMENT INVENTORY

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ITEM / DESCRIPTION	QUANTITY	PURCHASE DATE	BRAND NAME	MODEL OR SERIAL NUMBER	COST
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School	Beginning Inventory \$
Date	Ending Inventory \$

Item Description	Unit	Size	No. Units	Unit Cost	Total Value
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